

WALNUT VALLEY WATER DISTRICT

271 So. Brea Canyon Road, Walnut, CA 91789



INSTRUCTIONS TO APPLICANTS FOR EMPLOYMENT

The following instructions have been provided to assist you in completing your employment application, and to provide you with important information on the Walnut Valley Water District recruitment policies.

PLEASE BE SURE TO READ THIS INFORMATION CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

- Completion of an application is part of the examination process for all jobs. **Be sure to provide all information requested on the application itself, do not make reference to resumes or attachments.** Resumes or attachments may be included, but cannot be substituted for an application form. Incomplete applications may not receive any further consideration.
- Applications must only be submitted to the Human Resources Department. This position is open until filled. Applications, whether accepted or rejected, shall not be returned.
- Applicants must complete a separate application for each position for which they are applying. Applications shall only be accepted during a recruitment period for the designated position, and will not be held for future recruitments.
- Information given in applications may be verified, and the applicant may be required to provide documentary evidence of certificates, degrees, training, experience, licenses or educational credits. An applicant may be disqualified for making false statements or failing to disclose requested information on the application form.
- In accordance with the Immigration Reform and Control Act of 1986, verification of all new employees right to work in the United States is required at the time of hire.

If you have any further questions, please feel free to contact the Human Resources Department at (909) 595-1268. Your interest in employment with the Walnut Valley Water District is sincerely appreciated.

WALNUT VALLEY WATER DISTRICT

271 South Brea Canyon Road

Walnut, California 91789

(909) 595-1268 • (626) 964-6551

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please print clearly or type all required information.

Applications which are incomplete may be eliminated from consideration.

To Applicant: We appreciate your interest in employment with our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. You will be considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status or the presence of a non-job related medical condition or disability.

P E R S O N A L H I S T O R Y	Last Name _____ First _____ Middle _____		Date _____
	Street Address _____		From: _____ Home Phone () _____
	City, State, Zip _____		To: _____ Business Phone () _____ Ext. _____
	Have you ever worked for us in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Position _____		
	Position Desired _____		Salary Expected _____
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of citizenship or immigration status will be required upon employment.		When will you be available to begin work? _____
	Other Names Used in Employment		Do you have relatives or friends who work for us? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last _____ First _____ Middle _____		Name: _____
	Last _____ First _____ Middle _____		Relationship: _____
		Position: _____	
Previous address resided at in the last 10 years:			
From: _____ To: _____ / Street Address _____			
City _____ State _____ Zip _____			
From: _____ To: _____ / Street Address _____			
City _____ State _____ Zip _____			
From: _____ To: _____ / Street Address _____			
City _____ State _____ Zip _____			

M I L I T A R Y	Complete this section only if you have been a member of the Armed Forces of the United States	
	Current Duty Status:	List experience and skills acquired which are applicable to the position for which you are applying
	<input type="checkbox"/> Active	
	<input type="checkbox"/> Reserves	
<input type="checkbox"/> Discharged		
Branch _____		

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ACADEMIC TRAINING

	Major	Units Completed	Diploma or Certificate?	Type of Degree
Graduate/Post Graduate:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education (Trade, Technical, Correspondence):			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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CERTIFICATIONS:	TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	NUMBER (If Applicable)	ISSUE DATE	EXPIRATION DATE

JUDICIAL RECORD: As a juvenile in the last 5 years, have you been made a ward of the court for corrective purposes or placed on probation? Yes No

As an adult, have you been convicted, fined, placed on probation or given a suspended sentence for a criminal offense, excluding minor traffic violations? Yes No

Conviction or other court orders will not necessarily disqualify you from employment. If either of the above questions have been answered "Yes," please explain fully on the "Information Sheet".

MEDICAL AND PHYSICAL CONDITION: Any offer of employment which may be made by the District is contingent on your passing a job-related physical examination. Are you able to perform all of the tasks and job functions for the position you desire as set forth in the attached job description? Yes No

If "No", please identify the tasks and job functions you are unable to perform on the "Information Sheet" and state what accommodations, if any, would enable you to perform them.

NOTE: You will not be disqualified from employment simply because an accommodation is necessary.

DRIVING RECORD: Do you currently possess a valid California Driver's License? Yes No

State of _____ Expiration _____
 Driver's License No. _____ Issue _____ Date _____
 (Driving record information will be verified)

Number of moving violations in last 3 years _____ Dates _____
 Number of vehicular accidents in last 3 years _____ Dates _____

Have you ever been convicted of driving under the influence (DUI)? Yes No

If "Yes", list date(s) of conviction(s) _____

WORK SCHEDULE: OVERTIME ASSIGNMENTS: The purveyance of water is a vital service to the community and as such requires the availability of District personnel at all times.

Can you be available for work during emergencies on an "on call" basis? Yes No

Will you work overtime, if requested? Yes No

Please explain any conditions or restrictions on your availability on the attached "Information Sheet".

E M P L O Y E R	Employer _____	Telephone ()	
	Address _____	Month Year From	Time In Years
	Street _____	Month Year To	
	City _____ State _____ Zip _____		
	Name & Title of Supervisor _____	Base Pay \$ _____	Per _____
	Your Job Title _____	Reason for Leaving _____	
Description of Duties (be specific) _____			

_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

E M P L O Y E R	Employer _____	Telephone ()	
	Address _____	Month Year From	Time In Years
	Street _____	Month Year To	
	City _____ State _____ Zip _____		
	Name & Title of Supervisor _____	Base Pay \$ _____	Per _____
	Your Job Title _____	Reason for Leaving _____	
Description of Duties (be specific) _____			

_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

E M P L O Y E R	Employer _____	Telephone ()	
	Address _____	Month Year From	Time In Years
	Street _____	Month Year To	
	City _____ State _____ Zip _____		
	Name & Title of Supervisor _____	Base Pay \$ _____	Per _____
	Your Job Title _____	Reason for Leaving _____	
Description of Duties (be specific) _____			

_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

R E F E R E N C E S	Please list three personal references:		Daytime Telephone No.	Relationship
	1. Name _____		()	
	Address _____	City _____ State _____ Zip _____		
	2. Name _____		()	
	Address _____	City _____ State _____ Zip _____		
	3. Name _____		()	
	Address _____	City _____ State _____ Zip _____		

Applicant's Statement

READ THIS STATEMENT BEFORE SIGNING BELOW

I certify that the answers and responses given on this application are true and complete to the best of my knowledge. I have not knowingly withheld any information requested or not requested, which, if disclosed, might affect my application unfavorably. I understand that false or misleading statements on this application, or omissions, may result in me being discharged whenever they may be discovered.

I authorize investigation of all statements, answers and responses I have made on this application and will cooperate with you in obtaining information from previous employers about my qualifications for the job(s) for which I am applying. I agree to hold my former employers and other persons harmless on account of furnishing or verifying information related to this job application.

I also agree that you may give information about me to future employers who may inquire about my work record and experience with you. Such information would include a transcript of my personnel record, information as to my ability and job performance and the cause of my leaving your employment. I release you from any and all liability for damages related in any way to your furnishing such information.

I understand this application is not, and is not intended to be, a contract of employment. If I am offered and accept a job with you, and unless we otherwise agree in writing, I understand that my status will be that of an "at-will" employee for no specified term, which shall continue for only so long as mutually agreeable to you and to me, and may be terminated by either of us with or without cause and with or without prior notice. I further agree that, if employed by you, I will be required to abide by all your rules and regulations regarding employment, whether written or oral, as they may now exist or as you may change them at any time in the future. I also understand that no representative of the District other than the General Manager, or designee, has any authority to enter into any agreement for employment, either prior to commencement of employment or after I have become employed, for any specified period of time, or to assure any other wage/salary or benefit, or term and condition of employment, and then only if such agreement is in writing and signed by the person(s) with such authority.

I agree to submit to a physical examination as a condition of obtaining employment with the District. I understand this examination will be conducted by a physician selected by the District and will include testing for substance abuse. Further, during my employment with the District, I agree to submit to additional physical examinations and/or testing for substance abuse as the District may determine to be reasonably necessary to maintain a safe, drug free work place. I acknowledge that a verified failure of the substance abuse testing will be grounds for disciplinary action against me.

Signature of Applicant

Date

Signature required for consideration of employment.

**Walnut Valley Water District
EMPLOYMENT APPLICATION**

Information Sheet